

KENTUCKY BOARD OF RESPIRATORY CARE

Traditional Bank Building
 163 West Short Street, Suite #350
 Lexington, KY 40507
 (859) 246-2747 (859) 246-2750
<http://kbrc.ky.gov>

*** APPLICATION FOR RENEWAL**

Name: Address: City: , State: Zip: Certificate No: # Current Status: ACTIVE INACTIVE	FOR BOARD USE ONLY Check # _____ Check amt _____ () MANDATORY CERT. (\$75) () INACTIVE STATUS (\$25)
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Your mandatory certification will expire **01/30/12**. You are required to submit this completed renewal form, along with the appropriate renewal fee as delineated below:

Renew prior to January 30 **\$75**
 Reinstatement after January 30 **\$150**

After January 30th your mandatory certification is terminated and by law, you cannot practice respiratory care until reinstated. You must complete a reinstatement form; submit the **\$150.00** fee and proof of 24 hours of continuing education. Checks should be made to the **Kentucky State Treasurer**.

You may request **Inactive Status** if you are **not** employed but wish to maintain your mandatory certification. Please be advised that you cannot practice respiratory care on inactive status. Submit this completed form, along with the **\$25** fee for processing and mark appropriate section on back of form.

1. **NAME** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

COUNTY _____ **PHONE** _____

2. **Present employers name, address and phone number:**

NAME _____

ADDRESS _____

PHONE _____

3. **SOCIAL SECURITY NUMBER** _____

4. **Have you been charged with, convicted of, or pled guilty to a felony or misdemeanor since your last renewal of your Kentucky mandatory certification?**

_____ **YES (attach documentation)** _____ **No**

*** Application must be completed in full and signed; otherwise the renewal will not be processed.**

[illegible]

Date _____